Travis County Alarm Application

Please fill in the appropriate responses and mail with payment to Travis County Sheriff's Office, ATTN:

Finance Dept., PO Box 459, Del Valle, TX 78617. Payment can be made in the form of money order, personal or business check, payable to Travis County Sheriff's Office. All areas must be completed:

system at the listed alarm site. Signature			Type of Application	New PermitRenewalChange of Information	
Address of Alarm Site Silent Robberg Silent Robberg Silent Robberg Medical Emergency			Type of Permit		
Mailing Address if Different List the name of your alarm company and two persons who will come to your residence if needed by law enforcement Alarm Company Alarm Company Address Phone: 1st Contact Name: Phone: List address, phone and drivers license numbers for the person who is responsible for the alarm at the location Person Responsible Phone: Drivers License Number By my signature below; I acknowledge that I agree to comply with the rules and procedures in the operation of the alarm system at the listed alarm site. Signature			Type of Alarm	Silent Robbery	
Mailing Address if Different List the name of your alarm company and two persons who will come to your residence if needed by law enforcement Alarm Company Alarm Company Address Phone: 1st Contact Name: Phone: List address, phone and drivers license numbers for the person who is responsible for the alarm at the location Person Responsible Phone: Drivers License Number By my signature below; I acknowledge that I agree to comply with the rules and procedures in the operation of the alarm system at the listed alarm site. Signature					
Business Name List the name of your alarm company and two persons who will come to your residence if needed by law enforcement Alarm Company Alarm Company Address Phone: 1st Contact Name: Phone: List address, phone and drivers license numbers for the person who is responsible for the alarm at the location Person Responsible Phone: Drivers License Number By my signature below; I acknowledge that I agree to comply with the rules and procedures in the operation of the alarm system at the listed alarm site. Signature	Address of Alarm Site				
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Alarm Company Address Address: Phone: 1st Contact Name: Phone: 2nd Contact Name: Phone: List address, phone and drivers license numbers for the person who is responsible for the alarm at the location Person Responsible Phone: Drivers License Number By my signature below; I acknowledge that I agree to comply with the rules and procedures in the operation of the alarm system at the listed alarm site. Signature	Business Name				
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Ist Contact Phone: Phone: Phone: Phone: List address, phone and drivers license numbers for the person who is responsible for the alarm at the location Person Responsible Phone: Drivers License Number By my signature below; I acknowledge that I agree to comply with the rules and procedures in the operation of the alarm system at the listed alarm site. Signature	Alarm Company Address	Address:			
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List address, phone and drivers license numbers for the person who is responsible for the alarm at the location Person Responsible Phone: Drivers License Number By my signature below; I acknowledge that I agree to comply with the rules and procedures in the operation of the alarm system at the listed alarm site. Signature	2nd Contact				
List address, phone and drivers license numbers for the person who is responsible for the alarm at the location Person Responsible Phone: Drivers License Number By my signature below; I acknowledge that I agree to comply with the rules and procedures in the operation of the alarm system at the listed alarm site. Signature					
Phone: Drivers License Number By my signature below; I acknowledge that I agree to comply with the rules and procedures in the operation of the alarm system at the listed alarm site. Signature	List address, phone and drivers license		is responsible for the al	arm at the location	
Drivers License Number By my signature below; I acknowledge that I agree to comply with the rules and procedures in the operation of the alarm system at the listed alarm site. Signature		e numbers for the person who	is responsible for the die	ann at the location	
By my signature below; I acknowledge that I agree to comply with the rules and procedures in the operation of the alarm system at the listed alarm site. Signature	Phone:				
system at the listed alarm site. Signature	Drivers License Number				
	By my signature below; I acknowledge that I agree to comply with the rules and procedures in the operation of the alarm system at the listed alarm site.				
	Signature				
Printed Name Date	Printed Name			Pate	